

KIDS NOW Plus Program Manual
KIDS NOW Plus: Substance Abuse and Pregnancy Program



Background

The use of alcohol, tobacco and other drugs (ATOD) during pregnancy can cause problems for both the mother and the infant. Prenatal exposure can lead to developmental and intellectual disabilities, mental health and behavioral problems, difficulty with learning, and poor health outcomes.

In most cases, when pregnant women are educated about the negative effects these substances can have on their baby they make the choice to abstain. However, there are those pregnant women who continue to use ATOD during pregnancy because prior to pregnancy they were already experiencing problem use or addiction. Many will need outside intervention in order to stop their use while pregnant.

It can be challenging to identify pregnant women with these problems and help motivate them to seek outside interventions. Pregnant women using alcohol and drugs are typically very reluctant to disclose their use of substances and seek help, for a number of reasons:

- Fear of losing custody of their baby or other children;
- Fear of being judged as “immoral” or a “bad mother”;
- Fear of arrest and incarceration;
- Denial of their problem with alcohol or drugs; or
- Lack of skill on the part of medical professionals in approaching and discussing this topic.

Pregnant women with ATOD problems are also at risk for co-occurring mental health issues and/or intimate partner violence, both of which may increase their reluctance to seek help.

As a result of these multiple barriers, any program designed to intervene with substance-using pregnant women must include three special features: 1) an effective community education and outreach and identification strategy; 2) health care and service providers who are knowledgeable about addiction and use an empathetic, nonjudgmental approach to facilitate the woman’s disclosure of her ATOD problem; and 3) a “warm hand-off” approach to making referrals for substance abuse, mental health, and domestic violence services. (Please note: a “warm hand-off” is the practice of placing a call to the treatment agency while the woman is still in the room, rather than simply handing her a phone number.)

Goals

The goal of the KIDS NOW Plus Substance Abuse and Pregnancy Program (KN+) is to reduce harm to Kentucky mothers and their children from maternal substance use during and after pregnancy, while supporting Community Mental Health Centers (CMHC) to provide Medicaid reimbursable case management and prevention services. Reduction of harm is evidenced by the following:

1. Reduction in the use of alcohol, tobacco, and other drugs;

KIDS NOW Plus Program Manual
KIDS NOW Plus: Substance Abuse and Pregnancy Program

2. Reduction of targeted risk factors for substance abuse;
3. Healthy birth outcomes (based on birth weight, length of gestation, and APGAR score) compared to the general population of women and demographically comparable women; and
4. Engagement of high-risk pregnant women in needed services.

These goals are accomplished through the following deliverables:

1. Provide community education, development of referral sources, work with community partners and coalitions, and engagement in outreach activities associated with addressing issues surrounding substance use/abuse and pregnancy;
2. Early identification of pregnant women at risk for ATOD use;
3. Provision of substance abuse prevention services to at-risk pregnant women who qualify for universal, selected, and indicated prevention services (Medicaid billable services);
4. Engagement of pregnant women in case management services that meet the DSM substance use disorder criteria (Medicaid Billable services);
5. Creation of a client-centered case plan;
6. Referrals to services that may include treatment for substance use, mental health, and domestic violence;
7. Increasing readiness for treatment while encouraging abstinence or reduction of ATOD use for those pregnant women who are involved in case management services, but not ready to accept referrals for treatment services;
8. Encouragement and support to attend all prenatal care appointments during the pregnancy as recommended by physician and follow physician/OBGYN medical recommendations; and
9. Participation in community outreach services such as marketing, community education, provider education, provider program training; and coalition involvement.

Target Population

The KN+ program is aimed at pregnant women who are at-risk for ATOD use during pregnancy. Specific prevention services are designed for universal, selected, and indicated populations of women. For women whom meet the DSM substance use criteria for a substance use disorder, case management is provided along with interventions intended to engage them in treatment services.

Program Model Summary

The following is a description of the fundamental components of the KN+ program model.

1. Referrals to the Program

KIDS NOW Plus Program Manual

KIDS NOW Plus: Substance Abuse and Pregnancy Program

- A. The screening tool recommended to health departments and OB/GYNs by the KN+ program is the [PN-2 Pregnancy Health Risk Screen](#) (*Level 1*), which was developed by the Kentucky Division of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), the University of Kentucky Center on Drug and Alcohol Research (CDAR) and the Department for Public Health (DPH). This screening tool helps to determine the pregnant woman's level of risk for ATOD use during pregnancy, as well as mental health issues and partner violence. This screen is included in the *DPH Practice Reference* for Kentucky Health Departments as an optional tool.
- B. If the screen indicates high risk, the medical provider is encouraged to make an appointment with the KN+ program or the CMHC Substance Abuse treatment program while the woman is still in the provider's office (a "warm hand-off"). Alternatively, the medical provider may scan/mail/ fax completed screens to the KN+ program. KN+ program staff will review the form and **by the close of the following business day**, contact the woman to offer her the appropriate level of prevention and/or case management services, based on her responses.
- C. Screening, Brief Intervention, Referral to Treatment (SBIRT) training is to be provided to potential referral sources by the KN+ prevention specialists and case managers. (see resource page for online provider.)
- D. Pregnant women may also be referred by other routes, which may or may not involve completion of the screen by the referring party. This can be accomplished through community education and outreach with a goal of developing robust, effective, and collaborative referral protocols with multiple community partners. The following are several examples of, but not limited to, routes of referral other than medical providers:
 - i. Family Resource Youth Service Centers (FRYSCs)
 - ii. The Division of Probation & Parole
 - iii. Department for Community Based Services (DCBS)
 - iv. Drug courts
 - v. An internal referral from the CMHC, in the case of a client who is already receiving mental health or substance abuse services
 - vi. Self-referral
 - vii. Other community partners

Substance Abuse Prevention Service Components

- A. Substance abuse prevention services are offered to reduce the risk for substance use during pregnancy. For those individuals with an increased risk for substance abuse problems, additional prevention services are available to reduce their risk across the lifespan. These prevention services are targeted primarily at pregnant women who are generally at a lower or moderate risk for using ATOD during pregnancy rather than women who have a substance use disorder as defined in the most recent version of the DSM.
- B. There are three (3) prevention populations that can be served. The definitions of these populations are as follows:

KIDS NOW Plus Program Manual

KIDS NOW Plus: Substance Abuse and Pregnancy Program

- i. *Universal:* A pregnant woman who does not present with a psychiatric or medical condition that requires immediate attention or who does not have a biological, psychological, or social factors which would increase her risk for initiation use of alcohol, tobacco, or other drugs. She also does not present with a history of ATOD usage that has contributed to a lifestyle, legal problem, or other symptom and does not meet criteria for a substance use disorder.
 - ii. *Selective:* A pregnant woman who indicates **NO** alcohol or drug *(in this case tobacco is not considered a drug)* use during the last 30 days but is at increased risk for substance abuse problems during her pregnancy and throughout life due to the following risk factors:
 - Family history of alcohol and drug use
 - Household members and significant others (including partners and peers) who have substance abuse problems
 - History of emotional, sexual or physical abuse
 - History of mental health problems and diagnosis
 - iii. *Indicated:* A pregnant woman who fits the following:
 - Currently or has used alcohol or drugs since learning of her pregnancy
 - Currently or has exhibited problematic behaviors prior to pregnancy associated with substance use
 - Currently or has exhibited risk factors that increase her chances of developing a substance use problem
 - Meets the criteria for a substance-related disorder and may benefit from this service as an adjunct to outpatient treatment (**not currently diagnosed**)
- C. Universal, Selective and Indicated prevention services for this population are reimbursed through Kentucky's Medicaid program for Medicaid eligible pregnant women. These prevention benefits and the admission criteria for each prevention service are described in the Medicaid regulation 907 KAR 1:044, *Community Mental Health Center Behavioral Health Services Manual*, Section IV(22: I) (A-D) (<http://www.chfs.ky.gov/NR/rdonlyres/04A3A0BB-515C-40CF-A1CA-6FAB0EEBA300/0/CLEANCMHCBHMANUALARRS43015.pdf>).
- D. The protocols that are approved for use in delivering the Universal, Selective and Indicated prevention services are listed in the reference list on the resource page. These are the same protocols that are approved for use when billing Medicaid for the prevention services authorized under the Medicaid benefit, *Community Mental Health Center Behavioral Health Services Manual*. Please see the approved program reference list on the Resource page. Please ensure you select the appropriate protocol for each level of prevention; Universal, Selective, and Indicated. Approved protocol material criteria can be found in Section Section IV(22: III)(A-D) of the *CMHC Behavioral Health Services Manual* (<http://www.chfs.ky.gov/NR/rdonlyres/04A3A0BB-515C-40CF-A1CA-6FAB0EEBA300/0/CLEANCMHCBHMANUALARRS43015.pdf>).

KIDS NOW Plus Program Manual

KIDS NOW Plus: Substance Abuse and Pregnancy Program

- E. Pre and post questionnaires are required in conjunction with the Universal curriculum. These pre and post questionnaires shall be completed by all recipients in a class and it is recommended that they be forwarded to REACH, Inc. for analysis immediately following the delivery of the protocol. All pre and post surveys for each class delivered during the first, second, third and fourth quarter MUST be submitted to REACH, Inc. within one (1) week after the close of each quarter and be labeled with paring stickers that are distributed by REACH. Please mail the questionnaires to the address listed on the bottom of the questionnaire.

DBHDID may request participation in other evaluation activities related to the prevention protocols during the contract year.

- F. During the delivery of prevention services there will be opportunities to identify pregnant women at risk for ATOD use during pregnancy through administering the Level 1 screen and through assessments. The KN+ prevention staff shall make referrals to Selective prevention services, Indicated prevention services, and/or the case manager for further education/prevention and follow-up.

3. Case Management Service Components

- A. Case management services may be provided throughout pregnancy and 60 days postpartum *even if the woman does not go to treatment*. In this case, the case manager may be the only helping professional involved with the client. The expectation of the KN+ program is that pregnant women, who are eligible for Medicaid coverage, are assisted in obtaining benefits. For clients who are covered by Medicaid, case management services MUST be billed to Medicaid. For clients who are ineligible or not currently covered by Medicaid, those services may be billed to the block grant.
- B. The case manager's first contacts with the woman are focused on:
 - i. Engagement in case management services;
 - ii. Education on perinatal mood disorders shall also be provided. If a history of depression is identified, the client shall be referred to a psychiatrist/mental health counselor;
 - iii. Development of an individualized care plan in cooperation with the client.
- C. Completion of the *Baseline* evaluation instrument developed by CDAR. The Baseline evaluation is to be completed by the third visit or within thirty (30) days, with the client. Client information gathered through the *Baseline* will serve the dual purpose of service planning and program evaluation. Ninety percent (90%) of case management clients are to complete the CDAR Baseline Survey and submitted to CDAR within thirty (30) days from initial contact.
- D. A primary focus of the case management service is to engage high-risk pregnant women in needed services. The following evidence-based practices are recommended:
 - i. Screening, Brief Intervention and Referral to Treatment (SBIRT);
 - ii. Motivational Interviewing
 - iii. Contingency Management

KIDS NOW Plus Program Manual

KIDS NOW Plus: Substance Abuse and Pregnancy Program

- iv. Person-Centered Care Planning and Care Management
 - v. Strengths-Based Intensive Case Management
- E. Objectives of the case management services are to:
- i. Identify and address the client's immediate needs as defined by the client (e.g. safety, housing, medical care, child care, financial assistance, employment, G.E.D);
 - ii. Encourage prenatal care;
 - iii. Encourage involvement in programs such as HANDS and WIC;
 - iv. Encourage abstinence from ATOD and refer to treatment services as needed; and
 - v. Reduce barriers and maximize functioning in the community while connecting the client to community support
- F. Case management is provided primarily in the community and need to follow Medicaid criteria for billable care servicing as defined by 907 KAR 1:044 Section IV(22: IV)(<http://www.chfs.ky.gov/NR/rdonlyres/04A3A0BB-515C-40CF-A1CA-6FAB0EEBA300/0/CLEANCMHCBHMANUALARRS43015.pdf>) and may include:
- i. Home visits;
 - ii. Locations convenient to the client, such as a library or restaurant;
 - iii. By accompanying the client to a prenatal care appointment, an initial 12-step meeting, treatment session, or community resource such as a food bank
- G. Case management services also include contacting the partner and family members of the client (with client consent) in order to assist the client in meeting her service goals.
- H. Case management services also include contacting community resources on behalf of the client (with client consent).
- I. Intensity of case management services will depend on the client's needs (in compliance with Medicaid billable guidelines).
- J. Discharge planning is a part of the service planning process from the beginning. The following are all parts of the discharge process and shall be documented in the client chart:
- i. Completion and revision of goals shall be documented on a regular basis throughout the period of service.
 - ii. Continuation of care shall be included in the discharge plan, and shall include referrals for the woman and her newborn as well as her other children. Referrals may be made to community

KIDS NOW Plus Program Manual

KIDS NOW Plus: Substance Abuse and Pregnancy Program

resources and could be related to her living situation, healthcare, developmental assessment for the newborn, sobriety support, etc.

- iii. It is expected that case management services will continue until at least 60 days postpartum. Clients with Medicaid coverage, in need of additional case management services, should be served through Targeted Case Management Services under Medicaid. Individuals not covered by Medicaid, may continue to receive KN+ services at the discretion of the CMHC and in compliance with their care/treatment plan.
- iv. KN+ Case Management is considered a targeted-case management service. To ensure all requirements and regulations with targeted-case management service delivery are met, please examine the following targeted-case management Medicaid regulations.
 - 1. <http://www.lrc.ky.gov/kar/907/015/040.htm> (907 KAR 15:040)
 - 2. <http://www.lrc.ky.gov/kar/907/015/050.htm> (907 KAR 15:050)
 - 3. <http://www.lrc.ky.gov/kar/907/015/060.htm> (907 KAR 15:060)

4. Prevention Incentives

- A. Prevention Incentives can be used to encourage attendance at prevention classes (i.e. door prizes, raffle, etc.).

5. Contingency Management (Case Management Incentives)

Contingency Management/client motivational incentives are used in conjunction with the delivery of the case management services. If incentives for case management services are used, an evidence-based practice for Contingency Management must be specified and be utilized for these clients. The purposes of incentives are as follows:

- i. To encourage engagement in case management services;
- ii. To help motivate clients to achieve identified goals while being directly involved in their care plan/treatment plan;
- iii. To encourage attendance at prenatal appointments and mental health/substance abuse treatment;
- iv. To celebrate the success of behavioral changes.

6. Collaboration Between Treatment and Prevention Programs

The program model is based on connecting pregnant women to services at the appropriate point in a continuum of care, from Universal prevention through substance use treatment; therefore, it is critical that the CMHC prevention and treatment programs routinely communicate and collaborate on both the frontline and management levels.

- i. Regular meetings involving both prevention and treatment staff shall be held to coordinate the KN+ program. (Monthly meets are recommended.);

KIDS NOW Plus Program Manual

KIDS NOW Plus: Substance Abuse and Pregnancy Program

- ii. The prevention specialist should, when possible, provide a “warm handoff” of the client to the case manager/treatment professional.

7. **Marketing, Community Education, and Outreach Services:**

In order to reach pregnant women with KN+ services, a written marketing plan shall be developed to increase community awareness and involvement while providing a collaborative relationship within the community.

Prevention staff shall develop and help conduct the marketing efforts for the KN+ program as a *Certified Prevention Specialist* (also referred to as a Certified Prevention Professional in the CMHC Behavioral Health Services Manual (907 KAR 1:044)) is required to be knowledgeable of systematic methods for marketing services and messages. The case managers shall also be included in these marketing efforts since they involve promoting both prevention and case management services.

Marketing the KN+ program requires a thoughtful step-by-step process for an agency or a pregnant woman to understand the benefits of the program. Suggested program marketing strategies are listed below and have been broken down by the two target audiences of agencies and individual pregnant women.

A. *Marketing to Health and Human Service Agencies*

Identify those agencies, physicians, or other programs that come into contact with pregnant women. Examples of organizations to contact include local health departments, physicians providing obstetrical care, Department for Community Based Services (DCBS), drug court, Family Resource and Youth Service Centers (FRYSCs), pregnancy crisis centers, schools, and Medication Assisted Treatment Programs.

- i. An excellent strategy for developing referral capacity in a community is to approach existing community coalitions which are already addressing related issues such as substance abuse, pregnancy, healthy families, etc. The goal is to gain their commitment to focus on reducing the problem of substance use during pregnancy. If there are no existing community coalitions, it is suggested that a community advisory board be established.
- ii. Engage in a needs assessment process with the prospective referral source to determine how the KN+ program can best meet the needs of their pregnant clients.
- iii. Collaborate with referral sources to identify specific procedures for connecting women to KN+ prevention services and case management and providing feedback to the referral sources regarding clients' involvement in KN+ services.
- iv. Establish a written Memorandum of Understanding (MOU) with each referring health and human service provider/agency and district/independent health department in the CMHC region. This document shall outline the services to be provided by the referring provider/agency or health department (e.g., screening and referral) and by the CMHC (e.g. case management, substance abuse prevention, assessments for substance abuse and mental health problems).
- v. Providing referral sources with feedback regarding their clients' participation (with client consent) in KN+ promotes their continued investment in the program. This feedback could take the form of:

KIDS NOW Plus Program Manual

KIDS NOW Plus: Substance Abuse and Pregnancy Program

- A confirmation that an individual client is following through on the referral and/or;
- A report that provides aggregate data showing the number of referrals attending a prevention class as well as changes in participant knowledge (as shown on a pre- and post-test).

B. Marketing Directly to Pregnant Women

In addition to marketing the KN+ program to local agencies and organizations, the program can be promoted directly to pregnant women. Marketing strategies can include but not limited to:

- i. Flyers that advertise the prevention classes and case management services
- ii. Strategically placed program advertising material at locations frequented by pregnant women (e.g. doctor's offices, grocery stores, laundry mats, department stores, toilet stalls)
- iii. Newspaper articles
- iv. Social networking
- v. Church newsletters

Conducting focus groups of pregnant women is a very helpful process for gathering information from the target population on how to most effectively interest them in the KN+ services.

8. Staff Requirements

A. Staff time dedicated to KN+

- a. *Each region should complete a needs assessment for the targeted prevention and case management population and ensure staff coverage to meet client needs.*

B. Staff Credentialing Requirements

- i. In accordance with the licensure regulation for prevention programs, project staff providing prevention services shall meet the credential requirements identified in 907 KAR 1:044 CMHC Behavioral Health Services Manual (<http://www.chfs.ky.gov/NR/rdonlyres/04A3A0BB-515C-40CF-A1CA-6FAB0EEBA300/0/CLEANCMHCBHMANUALARRS43015.pdf>). In addition, project staff shall meet the requirements for training in the specific prevention protocols as approved by DBHDID and as identified in 907 KAR 1:044 Section IV(22: III)(E) CMHC Behavioral Health Services Manual (<http://www.chfs.ky.gov/NR/rdonlyres/04A3A0BB-515C-40CF-A1CA-6FAB0EEBA300/0/CLEANCMHCBHMANUALARRS43015.pdf>) .
- ii. A Medicaid benefit exists that provides reimbursement for certain substance abuse prevention and treatment services for eligible pregnant and postpartum women (*Community Mental Health Center Substance Abuse Services: 907 KAR 1:044*).

C. Staff Training Requirements

KIDS NOW Plus Program Manual

KIDS NOW Plus: Substance Abuse and Pregnancy Program

1. Case Management and Prevention staff must meet minimum training requirements to bill Medicaid in accordance with targeted case management regulations as indicated in the following:
 1. <http://www.lrc.ky.gov/kar/907/015/040.htm> (907 KAR 15:040)
 2. <http://www.lrc.ky.gov/kar/907/015/050.htm> (907 KAR 15:050)
 3. <http://www.lrc.ky.gov/kar/907/015/060.htm> (907 KAR 15:060)
2. The following are DBHDID training expectations for staff who work within KIDS NOW Plus and are to be completed within a year from hiring date unless otherwise indicated:
 - i. Case Management and Other Key Personnel
 1. 2 Hrs KIDS NOW Plus Orientation (Immediately) (New hires only) (Self-Study)
 2. 12 Hrs Pregnancy & Substance Abuse Case Management (within 6 months of hire)
 3. 12 Hrs Motivational Interviewing (within 6 months of hire)
 4. 1.5 Hrs Trauma Informed Care
 5. 3 Hrs Domestic Violence
 6. 2 Hrs Mental Illness Symptoms
 7. 3 Hrs SBIRT
 8. 1.5 Hrs Prevention 101
 - ii. Prevention
 1. 2 Hrs KIDS NOW Plus Orientation (Immediately) (New hires only) (Self-Study)
 2. 3 Hrs SBIRT
 3. Recommended by BDHDID but not required:
 - i. 12 Hrs Motivational Interviewing
 - ii. 1.5 Hrs Trauma Informed Care
 - iii. 3 Hrs Domestic Violence
 - iv. 2 Hrs Mental Illness Symptoms

D. Supervision Requirements

1. Case managers shall receive four (4) hours face-to-face supervision monthly, in compliance with regulations from 907 KAR 1:044 Section IV(22: III)(F) (<http://www.chfs.ky.gov/NR/rdonlyres/04A3A0BB-515C-40CF-A1CA-6FAB0EEBA300/0/CLEANCMHCBHMANUALARRS43015.pdf>).

Note: At least (1) hour of that supervision shall include Motivational Interviewing skills by a clinical supervisor who has had Motivational Interviewing Supervision training and has also completed the required case management certification or training course.

E. Provider Meetings

1. Identified Case Management and Prevention staff attends a minimum of 3 out of 4 quarterly KIDS NOW Plus meetings. Supervisors and administrators are strongly encouraged to attend.

9. Deliverables

- A. It is expected that baselines will be completed for each client receiving KN+ case management services.

KIDS NOW Plus Program Manual
KIDS NOW Plus: Substance Abuse and Pregnancy Program

- B. Substance abuse prevention services will be provided, at a minimum, to universal and selective populations. When there are clients who present the need, the approved protocol for indicated populations shall also be provided. The expected numbers of women to receive prevention services will be identified by each CMHC on FORM 155A Application for Funding.
- C. Ninety percent (90%) of case management clients are to complete the CDAR Baseline Survey and submit to CDAR within 30 days from initial contact.
- D. Provide at least 4 SBIRT trainings to community partners annually.
- E. Develop a written marketing plan, no later than the beginning of the second quarter of SFY2016, to promote prevention and case management services to both health and human service providers as well as directly to pregnant women.
- F. Attend all required KIDS NOW Plus trainings as identified by DBHDID staff.

10. Service Documentation

Case management client charts/service records are to contain:

- A. A copy of the Baseline narrative, down loaded from the CDAR's website <http://cdar.uky.edu/KIDSNOW/KNRecordCount.html> ;
- B. A case management service plan identifying the client's individual strengths, needs, and goals with reviews and revisions;
- C. Case/Treatment Plan;
- D. Notes regarding contacts with the client, to include:
 - i. Progress towards meeting identified goals
 - ii. Interventions, including Contingency Management
 - iii. Client's response and readiness for change
 - iv. Referrals and recommendations for other needed services, along with any scheduled appointments;
- E. Discharge plan should include the following within ten (10) days succeeding withdrawal from or completion of a program:
 - a. Referrals for continuation of care
 - b. Individual's progress towards meeting the expected outcomes of the protocol
 - c. Shall be completed if a client has been out of touch for at least three months. Clients will be automatically discharged from the system by CDAR when either Case Manager Activity or Monthly

11. Reporting Requirements

- A. Form 155C, KN+ Quarterly Project Budget and Financial Reports shall be submitted electronically through the Department Periodic Report (DPR) system by the last day of the month following the close of the quarter.
- B. The Baseline and all case management services shall be documented on the KIDS NOW Plus website of CDAR. Client Monthly Assessments, Case Manager Activity, and Discharges shall be entered monthly, by the 10th day of the following month (e.g., April 10 for the month of March).
- C. Prevention services shall be documented in the DBHDID Prevention Data Base in accordance with the instructions in the Data Manual. All prevention activities shall be entered into the data base monthly, by the close of the following month.
- D. Submit Case management and Prevention Services Quarterly Report

12. Documentation Requirements

- A. Case managers' attendance at monthly Motivational Interviewing supervision sessions shall be documented on-site. Documentation shall include supervisor and staff names, number of hours, and date. This should be recorded in employee files/charts and be available for viewing during program audits by DBHDID.
Note: At least (1) hour of supervision shall include Motivational Interviewing skills by a clinical supervisor who has had Motivational Interviewing Supervision training and has also completed the required case management certification or training course.
- B. Individual staff attendance at required trainings shall be documented. Documentation shall include training topic, provider and location of training, number of hours attended, and date. This should be recorded in employee files/charts and be available for viewing during program monitoring by DBHDID.

13. Monitoring

- A. Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) may conduct an annual performance and compliance site review of the KIDS NOW Plus program. Monitoring will consist of an off-site review of data and documentation, on-site review of data and documentation, and an on-site review of operations and documentation. A summary report will be provided to KIDS NOW Plus within 60 days of the review and may require submission of a corrective action plan.

14. SFY 2016 Project Funding and Budget

The KN+ Substance Abuse and Pregnancy Initiative is an expense reimbursement program and will be settled to actual cost at year-end. Funding is restricted to expenditures which are directly involved in implementation of the KN+ program. Prior to any changes that need to be made in an individual budget line item over 10%, a revised budget and a narrative justification shall be submitted to and approved by DBHDID.

The SFY 2016 KIDS NOW Plus Application for Funding (Form 155A) shall be accompanied by Form 155D, *KIDS NOW Plus-Budget Justification for State Fiscal Year Proposed Expenditures*. This form requires both budget information

KIDS NOW Plus Program Manual

KIDS NOW Plus: Substance Abuse and Pregnancy Program

and an explanation of how costs for the various expenditures were calculated. Please fill in the shaded areas of form 155A.

In preparing the budget, please note that allowable expenditures shall be limited to:

- A. Personnel Costs: Please be aware that a percentage of salaries and fringe benefits for staff time directly devoted to implementation of the KN+ program are the only allowable personnel expenditures. This may include time allotted to community education, community outreach, clinical and administrative supervision, and administrative support.
- B. Implementation and Facility Costs: Implementation and facility costs are allowable expenditures under this funding. These costs can include: materials, supplies, travel, cell phones for case managers, training, postage, printing and other items necessary to the successful functioning of the project.
- C. Wrap Around Services: If the budget includes wrap around services, there must be a program policy and procedure for expenditure of these services. The program policy and procedure should identify specifically how the funds are to be used and what the procedure consists of for approving use of these funds.
- D. Contingency Management/Motivational Incentives (Case management): Contingency Management/Motivational Incentives is an important element of the KN+ program and shall be included in the budget, in partnership with an evidence based practice. Contingency Management/Motivational Incentives shall not exceed 10% of the total budget or \$10,000, whichever is less. If you plan to use Contingency Management/Motivational Incentives for case management services, an evidence-based practice for Contingency Management must be specified that will be utilized for these clients.

DBHDID APPROVED RESOURCES

Prevention Programs

DBHDID Approved Video/Program Materials

The following videos/programs have been DBHDID approved for use with the KIDS NOW Plus populations. They are not being provided by DBHDID, but may be purchased by your region and utilized as part of the prevention educational materials in KIDS NOW Plus.

SUPPLEMENTAL MATERIALS (Does NOT fulfill any Prevention Services Protocol)

1. Meth: Recovery is Possible Featuring Earnie Larsen Video

- Gives personal testimonials from men and women all different ages and all stages of recovery
- Talks about relying on “Higher Power” to help with problems and recovery and discusses the challenges of deciding to enter into recovery. Encourages recovery and trusting the SA treatment process
- Has “Discussion Breaks” throughout
- Discusses only METH addiction and Meth recovery
- May be purchased at <http://www.fmsproductions.com/index.php/meth-recovery-is-possible.html> or by contacting Kevin @ FMS Productions 800-421-4609

2. Beat the Street: Sheila Not Alone Video

- A single mother’s testimonial on drug usage, excuses, detox, changing environment, relapse, getting her kids back, life’s challenges, trusting self and others, relationships, feelings, how abuse affected her, and how recovery helped her.
- Encourages recovery and trusting the SA treatment process.
- May be purchased at <http://www.fmsproductions.com/index.php/sheila-not-alone.html> or by contacting Kevin @ FMS Productions 800-421-4609

3. Women: Coming out of the Shadows Video

- Gives personal testimonials with several women discussing how they felt when they were using drugs/alcohol and how they feel in recovery, while increasing the perception of personal risk for harm due to high-risk drug choices, addresses some health and social consequences of high-risk drug choices, addresses biological, psychological, and social factors that may increase risk for alcohol and other drug use during pregnancy and throughout life
- Reduces shame and stigma surrounding substance abuse and encourages an individual to pursue additional needed SA prevention treatment and services
- Changes perceptions of normative alcohol and other drug behaviors
- Discusses losses from drugs/alcohol and positive gains after treatment/recovery
- Asks questions like “What is under the ‘using of drugs’” “What lead us to drugs/alcohol?”
- May be purchased at <http://www.fmsproductions.com/index.php/women-coming-out-of-the-shadows.html> or by contacting Kevin @ FMS Productions 800-421-4609

4. Your Body and Your Health: The Impact of Alcohol and Drugs with Dr. Carlos Tirado

- Does NOT discuss how drugs affect the fetus.
- Discusses how various drugs and alcohol can affect the body.
- Discusses STDs and transmitted illnesses and how to protect from them.

KIDS NOW Plus Program Manual

KIDS NOW Plus: Substance Abuse and Pregnancy Program

- Could be paired with a universal prevention video about drugs and pregnancy and then used in a selective or indicated prevention program.
- Video comes with a Leaders Guide and Workbook.
- Could be used as an educational tool for populations other than those seeking pregnancy education.
- May be purchased at <http://www.fmsproductions.com/index.php/your-body-and-your-health-the-impact-of-alcohol-drugs.html> or by contacting Kevin @ FMS Productions 800-421-4609

5. **ONLINE Postpartum Depression Videos (FREE) (To fulfill Postpartum requirement with Universal Prevention Services):**

- <https://www.youtube.com/watch?v=Mmtlob6zHgg>
- <https://www.youtube.com/watch?v=yH3WMQO-ooU>
- https://www.youtube.com/watch?v=PFy6r4FCog&list=PL2pnWK5k5s7Ifp0_XoxKCUIK5kK4Q9UnQ&index=3
- <https://www.youtube.com/watch?v=JaW9D-vzpV8>
- <https://www.youtube.com/watch?v=gFTsVgSRtoc>

UNIVERSAL PREVENTION MATERIALS (Does not fulfill Selective or Indicated Protocol)

The following are program materials that have been approved for usage with Universal Prevention services protocol by DBHDID:

1. **Understanding Healthy Choices: A Comprehensive Guide Video**

- Teaches expectant parents how to keep themselves and their babies healthy as they take the remarkable journey through pregnancy. Presenting the latest research-based recommendations, *Understanding Pregnancy* models healthy habits and partner involvement, all while stressing the importance of good prenatal health. This DVD features all-new, stunning 3D animation that brings fetal development to life and will motivate moms to take good care of themselves throughout pregnancy.
- May be purchased from <http://injoyvideos.com/understanding-pregnancy.html>
- KN+ Protocol handouts and worksheets can be utilized with this program.

2. **Healthy Steps for Teen Parents Video**

- This is a one-stop program to help teens navigate life from the first signs of pregnancy through birth, diapers, and finishing school. Created specifically to hold the attention of young adults, this series uses an encouraging, real-world approach to show teens how to succeed as young parents.
- May be purchased at <http://injoyvideos.com/healthy-steps-for-teen-parents.html>
- KN+ Protocol handouts and worksheets can be utilized with this program.

3. **March of Dimes, (The No's of Pregnancy), (Por Favor, No Lo Haga), Section 5 of the curriculum Comenzando Bien for Spanish speaking audiences.**

- May be purchased from <https://www.marchofdimes.org/catalog/product.aspx?productid=5195&categoryid=&productcode=09-2457-09>
- Needs to be used with the KN+ Protocol forms and handouts to ensure all regulation requirements are met.

4. **Babies Can't Say "No": Substance Abuse During Pregnancy Video**

KIDS NOW Plus Program Manual

KIDS NOW Plus: Substance Abuse and Pregnancy Program

- Does not fulfill “Identifies signs of postpartum depression” of the Universal protocol requirements, would need to be paired with a Postpartum video if used with Universal prevention services
- Has a facilitator manual with questions/worksheets, activities, and discussions to engage participants and a questionnaire to be administered as a post-test or an “as you watch” questionnaire. FREE Teacher’s Guide located at http://school.discoveryeducation.com/teachersguides/pdf/substanceabuse/aims/babies_cant_say_no_substance_abuse.pdf
- Video may be purchased at <http://www.fmsproductions.com/index.php/babies-can-t-say-no-substance-abuse-during-pregnancy.html> or by contacting Kevin @ FMS Productions 800-421-4609
- KN+ Protocol handouts and worksheets can be utilized with this program.

5. **Alcohol & Drugs, Body & Mind Video**

- Does not fulfill “Identifies signs of postpartum depression” of the Universal protocol requirements, would need to be paired with a Postpartum video if used with Universal prevention services
- Has a facilitator manual with questions to engage participants and a questionnaire to be administered as a post-test or an “as you watch” questionnaire. KN+ Protocol handouts and worksheets can be utilized with this program.
- Can be purchased at <http://www.fmsproductions.com/index.php/alcohol-drugs-body-mind-the-medical-consequences.html> or by contacting Kevin @ FMS Productions 800-421-4609

SELECTIVE AND INDICATED PREVENTION SERVICES MATERIALS (Does not fulfill Universal Prevention Protocol)

The following are program materials that have been approved for usage with Selective and Indicated prevention services protocol by DBHDID:

1. **Fetal Alcohol Syndrome and Other Drug Use During Pregnancy**

- Primarily discusses the Native American Population but could be used for others.
- Discusses alcohol and crack cocaine usage during pregnancy and during breast feeding.
- May be purchased at <http://www.fmsproductions.com/index.php/fetal-alcohol-syndrome-and-other-drug-use-during-pregnancy.html> or by contacting Kevin @ FMS Productions 800-421-4609

2. **Babies Can’t Say “No”: Substance Abuse During Pregnancy**

- Does not fulfill “Identifies signs of postpartum depression” of the Universal protocol requirements, would need to be paired with a Postpartum video if used with Universal prevention services, but qualifies for usage with Selective and/or Indicated prevention services.
- Has a facilitator manual with questions/worksheets, activities, and discussions to engage participants and a questionnaire to be administered as a post-test or an “as you watch” questionnaire. FREE Teacher’s Guide located at http://school.discoveryeducation.com/teachersguides/pdf/substanceabuse/aims/babies_cant_say_no_substance_abuse.pdf
- May be purchased at <http://www.fmsproductions.com/index.php/babies-can-t-say-no-substance-abuse-during-pregnancy.html> or by contacting Kevin @ FMS Productions 800-421-4609

3. **Alcohol & Drugs, Body & Mind**

- Does not fulfill “Identifies signs of postpartum depression” of the Universal protocol requirements, would need to be paired with a Postpartum video if used with Universal prevention services, but qualifies for usage with Selective and Indicated prevention services.

KIDS NOW Plus Program Manual

KIDS NOW Plus: Substance Abuse and Pregnancy Program

- Has a facilitator manual with questions to engage participants and a questionnaire to be administered as a post-test or an “as you watch” questionnaire.
- Can be purchased at <http://www.fmsproductions.com/index.php/alcohol-drugs-body-mind-the-medical-consequences.html> or by contacting Kevin @ FMS Productions 800-421-4609

4. **Prime for Life, Versions 8 and 9**

- Qualifies for usage with Selective and Indicated populations following their program protocol.
- Materials and Curriculum may be purchased/located at <http://primeforlife.org/>

CONTINGENCY MANAGEMENT (Evidence-Based Client Incentives Programs)

The following are examples of Contingency Management programs that are used with client motivational incentive programs. Please identify on Form 155 choice of Evidence-Based Contingency Management program and which KN+ program will be employed when working with motivational incentives.

1. **Contingency Management for Substance Abuse Treatment: A Guide to Implementing This Evidence-Based Practice, By Nancy M. Petry**

- Over 50 charts, worksheets, and tables are provided to help the clinician pinpoint exactly which behaviors to target, brainstorm how to reinforce change, and develop a treatment plan that incorporates cost, length of treatment, and method for determining patient compliance. Included with the book is a CD-ROM of editable logs, forms, tables, and worksheets for personal use. More than just filling a void, Dr. Petry provides all of the tools clinicians require to successfully apply a novel treatment in practice.
- More information about the program, including purchasing information, can be found at <http://www.routledge.com/books/details/9780415882897/>

2. **Contingency Management in Substance Abuse Treatment by Stephen T. Higgins, Kenneth Silverman, and Sarah H Heil**

- Contingency Management applies a system of incentives and disincentives to help people meet their goals on the road to recovery. The essays are organized around a core, comprehensive theme. Issues in treating addiction to different substances (cocaine, opioids, marijuana, tobacco, & alcohol) are covered, as are the unique challenges involved in treating the homeless, pregnant and postpartum women, people with mental illness, and adolescents. The final section discusses a more varied range of issues, such as "Lowering Costs in Drug Abuse Treatment Clinics," "Employment-Based Reinforcement in the Treatment of Drug Addiction," and "Contingency Management in Adult Criminal Drug Courts," and more. Above all, Contingency Management in Substance Abuse Treatment explores how CM can be and is used with an astonishing degree of success, scrutinizing lessons learned from practical implication in community treatment clinics and offering suggestions for maximizing resources and foster positive innovations.
- For more information and how to purchase visit <http://www.amazon.com/Contingency-Management-Substance-Abuse-Treatment/dp/1593855710>

3. **Prize Incentives Contingency Management for Substance Abuse**

- Prize Incentives Contingency Management for Substance Abuse is a variation of contingency management, or reinforcement, that awards prizes for abstinence and treatment compliance, such as group attendance and healthy behaviors. It is based on a construct central to behavioral psychology known as operant conditioning, or the use of consequences to modify the occurrence and form of

KIDS NOW Plus Program Manual

KIDS NOW Plus: Substance Abuse and Pregnancy Program

behavior. The program augments existing, usual care services in community-based treatment settings for adults who primarily abuse stimulants (especially cocaine) or opioids (especially heroin) or who have multiple substance use problems

- For more information and how to purchase visit
<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=344>

4. **A Clinician's Guide for Implementing Contingency Management Programs: A guideline developed for the Behavioral Health Recovery Management project by Nancy M. Petry, Department of Psychiatry, University of Connecticut School of Medicine**

- This is a free program that is available at the following link in PDF format
<http://www.bhrm.org/guidelines/petry.pdf>

ADDITIONAL RESOURCES:

The following are additional resources that may be used for training purposes.

1. **Screening, Brief Intervention, Referral to Treatment (SBIRT) online training:**
<http://www.sbirtraining.com/> (also offers MI training on this website as well).
2. **Motivational Interviewing:** <http://www.psychotherapy.net/video/miller-motivational-interviewing>

For questions, please contact:

Katie Stratton
Katie.stratton@ky.gov
502-782-6192